

**AFFIDAVIT REGARDING
COMMON PRIVATE SEWAGE SYSTEM**

USE <u>BLACK</u> INK ONLY	Date
Governmental Unit: Pierce County, Wisconsin Land Management Department	Owner(s)
	Parcel Identification Number (PIN)
Legal Land Description _____ _____ _____ _____	Name and Return Address: Pierce County Land Management Office Pierce County Courthouse PO Box 647 414 W Main St Ellsworth, WI 54011

This document is recorded to acknowledge that the private onsite wastewater treatment system (POWTS) on this parcel serves more than one structure through a Private Interceptor Main Sewer connection in compliance with Comm 82.30(12). I acknowledge that I will disclose this information to parties interested in purchasing this property in the future. Plans for the building sewer and POWTS locations are on file in the Pierce County Land Management Department, parcel # _____ - _____ - _____.

This affidavit is entered into to inform any subsequent owners of the limitations attached to this property.
The following conditions shall apply:

1. The owner of this property is responsible for the operation and maintenance of this POWTS.
2. It is understood that before this property can be divided and/or before title to any portion is transferred, causing these buildings to be under separate ownership, the undersigned shall provide each structure with a code complying POWTS.
3. This Agreement is binding upon the Owner and his/her heirs, successors, and assigns. The Owner shall have this Agreement filed and recorded with the Pierce County Register of Deeds in a manner which will permit the existence of the Agreement to be determined by reference to the Property containing the sewage system.
4. This Agreement will remain in effect until Governmental Unit, which is responsible for the issuance of sanitary permits for POWTS certifies that this restriction is no longer required.

Owner Signature	This instrument was acknowledged before me on this date _____ by _____	Pierce County LM Official Name – Printed
Owner Name - Printed	NOTARY PUBLIC Signature _____ Notary Public Name - Printed	Pierce County LM Official Title – Printed
Co-Owner Signature (if applicable)	County of _____, State of Wisconsin.	Pierce County LM Official Signature
Co-Owner Name Printed (if applicable)	My commission expires: _____.	

Drafted by: Pierce County Land Management & Records Department

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)]